



Statement of Organization CANDIDATE COMMITTEE

JUN 04 2012

VOTER REGISTRATION
ELECTORAL BOARD

*Please read instructions before completing this form.

Type of Statement			
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.		<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.	
		Date Changes Took Effect	SBE-issued Committee ID
Committee Information			
Committee Information	Friends for Feld		
	Name of Candidate Campaign Committee		
	P.O. Box 386		
	Street Address/PO Box		Suite #
	Alexandria VA		22313
	City	State	Zip Code
Friends4Feld@gmail.com		703-299-8477	
Email Address		Daytime Phone #	
www.melissafeld.com			
Campaign Website			
Candidate Information			
Candidate Information	Feld		Melissa
	Salutation	Last Name	First Name
	3303 Russell Rd.		
	Residence Address		Apt #
	Alexandria VA		22305
	City	State	Zip Code
	Alexandria		
	County or City of Residence		Voter Identification #
melissa.feld@gmail.com		202-725-8586	
Email Address		Daytime Phone #	
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.			
Election Information			
Election Information	City Council at large		
	Office Sought		District (if one)
	Democrat	2012	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special
Political Party		Year of Election	Type of Election



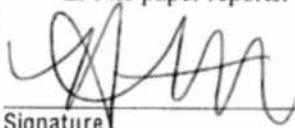
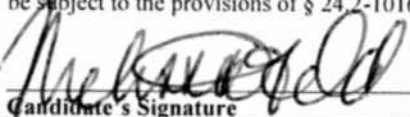
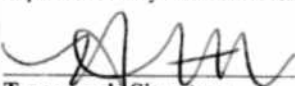
Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
Treasurer Information	Garcia Andersen Natasha Tonya Salutation Last Name First Name Middle Name Suffix			
	119 E. Maple St. Residence Address Apt #			
	Alexandria		VA	22301
	City		State	Zip Code
	Alexandria City		Voter Identification #	
	natasha.andersen@gmail.com		928 286 7111	
	Email Address		Daytime Phone #	
	<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.			
Campaign Depository				
Virginia Commerce Bank				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Alexandria VA				
City State		City State		
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		3/5/2012	
	Date first expenditure made:		3/5/2012	
	Date campaign depository designated:		3/13/2012	
	Date filing fee paid for party nomination:		3/5/2012	
	Date Statement of Qualification filed:		3/7/2012	
	Date treasurer appointed:		3/14/2012	

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p>  Signature _____ </p> <p> Date <u>05/21/2012</u> </p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p>  Candidate's Signature _____ </p> <p> Date <u>5/12/2012</u> </p>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p>  Treasurer's Signature _____ </p> <p> Date <u>05/12/2012</u> </p>